

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/16/94</u>		2 Serial/Patent # <u>08/333 680</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>1497</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ <u>1497</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;">--</td><td style="width: 20px;">1</td><td style="width: 20px;">1</td><td style="width: 20px;">8</td><td style="width: 20px;">4</td></tr></table>			0	3	--	1	1	8	4
0	3	--	1	1	8	4					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Dorothy Simon</u>		TITLE: <u>Egman</u>									
SIGNATURE: <u>Dorothy Simon</u>		PHONE: <u>308-1202</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/6/95</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: